

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA

Check if different than previously reported. (ACC) WASHINGTON DC 20076

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00343749

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Electronically Filed by Michael Campbell Date 01 15 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 20770.02 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 19862.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 3814.00 | 30406.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 23676.52 | 51176.52 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 0.00 | 27500.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 23676.52 | 23676.52 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 2430.00 | 17292.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 1384.00 | 13114.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 3814.00 | 30406.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 3814.00 | 30406.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 3814.00 | 30406.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 3814.00 | 30406.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 27500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 0.00 | 27500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 0.00 | 27500.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 3814.00 | 30406.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3814.00 | 30406.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert Anderson

Mailing Address 12118 Walnut Branch Road

City Reston State VA Zip Code 20194

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15755

Amount of Each Receipt this Period
 30.00

Payroll deduction \$10.00
biweekly

B. Full Name (Last, First, Middle Initial)
Robert Anderson

Mailing Address 12118 Walnut Branch Road

City Reston State VA Zip Code 20194

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15865

Amount of Each Receipt this Period
 20.00

Payroll deduction \$10.00
biweekly

C. Full Name (Last, First, Middle Initial)
Robin Burdick

Mailing Address 2534 Crews Lake Hills

City Lakeland State FL Zip Code 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15746

Amount of Each Receipt this Period
 30.00

Payroll deduction \$10.00
biweekly

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 80.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Robin Burdick | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 2534 Crews Lake Hills | | Transaction ID: SA11A1.15857 | |
| City Lakeland | State FL | Zip Code 33813 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 236.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Michael Campbell | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1303 Roosevelt St. | | Transaction ID: SA11A1.15760 | |
| City Annapolis | State MD | Zip Code 21403 | Amount of Each Receipt this Period 30.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Michael Campbell | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 1303 Roosevelt St. | | Transaction ID: SA11A1.15871 | |
| City Annapolis | State MD | Zip Code 21403 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 70.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Lynda D'Amato | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 23745 Calistoga Place | | Transaction ID: SA11A1.15730 | |
| City State Zip Code Ramona CA 92065 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer Occupation GEICO AVP | Aggregate Year-to-Date ▼ 340.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Lynda D'Amato | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 23745 Calistoga Place | | Transaction ID: SA11A1.15841 | |
| City State Zip Code Ramona CA 92065 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer Occupation GEICO AVP | Aggregate Year-to-Date ▼ 360.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. John Geer | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 2902 Gretna Place | | Transaction ID: SA11A1.15765 | |
| City State Zip Code Vienna VA 22181 | Amount of Each Receipt this Period 60.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$20.00 biweekly | |
| Name of Employer Occupation GEICO AVP | Aggregate Year-to-Date ▼ 1230.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 110.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. John Geer | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| Mailing Address 2902 Gretna Place | | Transaction ID: SA11A1.15876 |
| City State Zip Code Vienna VA 22181 | Amount of Each Receipt this Period 40.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$20.00 biweekly |
| Name of Employer GEICO | Occupation AVP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1270.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Lily Hopkins | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 12962 Marcy Ranch Rd | | Transaction ID: SA11A1.11671 |
| City State Zip Code Santa Ana CA 92705 | Amount of Each Receipt this Period 30.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 990.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Lily Hopkins | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| Mailing Address 12962 Marcy Ranch Rd | | Transaction ID: SA11A1.11782 |
| City State Zip Code Santa Ana CA 92705 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1010.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 90.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Richard Kidd | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 4645 Buckhorn Ridge | | Transaction ID: SA11A1.15770 | |
| City State Zip Code Fairfax VA 22030 | Amount of Each Receipt this Period 45.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$15.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Richard Kidd | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 4645 Buckhorn Ridge | | Transaction ID: SA11A1.15881 | |
| City State Zip Code Fairfax VA 22030 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$15.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Paul Lavrey | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 3495 Pleasant Grove Drive | | Transaction ID: SA11A1.15773 | |
| City State Zip Code Ijamsville MD 21754 | Amount of Each Receipt this Period 60.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$20.00 biweekly | |
| Name of Employer GEICO | Occupation Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 135.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Paul Lavrey | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 3495 Pleasant Grove Drive | | Transaction ID: SA11A1.15884 | |
| City State Zip Code ljamsville MD 21754 | Amount of Each Receipt this Period 40.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$20.00 biweekly | |
| Name of Employer Occupation GEICO Director | Aggregate Year-to-Date ▼ 340.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Donald Lyons | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 11616 Swains Lock Terrace | | Transaction ID: SA11A1.11680 | |
| City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period 45.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$15.00 biweekly | |
| Name of Employer Occupation GEICO Sr. VP | Aggregate Year-to-Date ▼ 1315.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Donald Lyons | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 11616 Swains Lock Terrace | | Transaction ID: SA11A1.11791 | |
| City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$15.00 biweekly | |
| Name of Employer Occupation GEICO Sr. VP | Aggregate Year-to-Date ▼ 1345.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Robert Miller | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 2820 Amherst Avenue | | Transaction ID: SA11A1.15709 | |
| City State Zip Code University Park TX 75225 | Amount of Each Receipt this Period 60.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$20.00 biweekly | | |
| Name of Employer Occupation GEICO Regional VP | Aggregate Year-to-Date ▼ 480.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Robert Miller | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 2820 Amherst Avenue | | Transaction ID: SA11A1.15820 | |
| City State Zip Code University Park TX 75225 | Amount of Each Receipt this Period 40.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$20.00 biweekly | | |
| Name of Employer Occupation GEICO Regional VP | Aggregate Year-to-Date ▼ 520.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Janice Minshall | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1765 B South Hayes Street | | Transaction ID: SA11A1.15778 | |
| City State Zip Code Arlington VA 22202 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$10.00 biweekly | | |
| Name of Employer Occupation GEICO AVP | Aggregate Year-to-Date ▼ 240.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 130.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Janice Minshall | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| Mailing Address 1765 B South Hayes Street | | Transaction ID: SA11A1.15889 |
| City State Zip Code Arlington VA 22202 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO | Occupation AVP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Diane Monk | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 143 Winding Creek Road | | Transaction ID: SA11A1.15698 |
| City State Zip Code Stafford VA 22554 | Amount of Each Receipt this Period 30.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO | Occupation manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Diane Monk | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| Mailing Address 143 Winding Creek Road | | Transaction ID: SA11A1.15809 |
| City State Zip Code Stafford VA 22554 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO | Occupation manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 70.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Gary Musolf | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 123 Cross Creek Circle | | Transaction ID: SA11A1.15724 | |
| City State Zip Code Macon GA 31210 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Gary Musolf | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 123 Cross Creek Circle | | Transaction ID: SA11A1.15835 | |
| City State Zip Code Macon GA 31210 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Olza Nicely | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 805 Nethercliffe Hall Road | | Transaction ID: SA11A1.15780 | |
| City State Zip Code Great Falls VA 22066 | Amount of Each Receipt this Period 255.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$85.00 biweekly | |
| Name of Employer GEICO | Occupation President-Insurance operations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2008.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 305.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | | |
|---|--|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Olza Nicely | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | | |
| Mailing Address 805 Nethercliffe Hall Road | | Transaction ID: SA11A1.15891 | | |
| City State Zip Code Great Falls VA 22066 | Amount of Each Receipt this Period 170.00 | | Payroll deduction \$85.00 biweekly | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer GEICO | Occupation President-Insurance operations | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2178.00 | | | |

| | | | | |
|---|---|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard Polino | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | | |
| Mailing Address 3097 Kline Drive | | Transaction ID: SA11A1.15750 | | |
| City State Zip Code Virginia Beach VA 23452 | Amount of Each Receipt this Period 30.00 | | Payroll deduction \$10.00 biweekly | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer GEICO | Occupation AVP | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | | |

| | | | | |
|---|---|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Richard Polino | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | | |
| Mailing Address 3097 Kline Drive | | Transaction ID: SA11A1.15861 | | |
| City State Zip Code Virginia Beach VA 23452 | Amount of Each Receipt this Period 20.00 | | Payroll deduction \$10.00 biweekly | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer GEICO | Occupation AVP | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 220.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dana Proulx

Mailing Address 1011 Avery Court, S.W.

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15785

Amount of Each Receipt this Period
30.00

Payroll deduction \$10.00
biweekly

B. Full Name (Last, First, Middle Initial)
Dana Proulx

Mailing Address 1011 Avery Court, S.W.

City State Zip Code
Vienna VA 22180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15896

Amount of Each Receipt this Period
20.00

Payroll deduction \$10.00
biweekly

C. Full Name (Last, First, Middle Initial)
David Pushman

Mailing Address 106 Muirfield Road

City State Zip Code
Macon GA 31210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO Regional VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15786

Amount of Each Receipt this Period
45.00

Payroll deduction \$15.00
biweekly

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 95.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. David Pushman | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 106 Muirfield Road | | Transaction ID: SA11A1.15897 | |
| City State Zip Code Macon GA 31210 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$15.00 biweekly | |
| Name of Employer GEICO | Occupation Regional VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Jess Reed | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 8500 Hawkins Creamery Road | | Transaction ID: SA11A1.15787 | |
| City State Zip Code Gaithersburg MD 20879 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Jess Reed | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 8500 Hawkins Creamery Road | | Transaction ID: SA11A1.15898 | |
| City State Zip Code Gaithersburg MD 20879 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 80.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. William Roberts | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 6529 79th Place | | Transaction ID: SA11A1.15788 |
| City State Zip Code Cabin John MD 20818 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 75.00 |
| Name of Employer GEICO | Occupation VP | Payroll deduction \$25.00 biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. William Roberts | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| Mailing Address 6529 79th Place | | Transaction ID: SA11A1.15899 |
| City State Zip Code Cabin John MD 20818 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 |
| Name of Employer GEICO | Occupation VP | Payroll deduction \$25.00 biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. George Rogers | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 |
| Mailing Address 5120 Highlands By The Lake Drive | | Transaction ID: SA11A1.15748 |
| City State Zip Code Lakeland FL 33813 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 18.00 |
| Name of Employer GEICO | Occupation VP | Payroll deduction \$6.00 biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1636.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 143.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
George Rogers

Mailing Address 5120 Highlands By The Lake Drive

City State Zip Code
Lakeland FL 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1648.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15859

Amount of Each Receipt this Period
12.00

Payroll deduction \$6.00
biweekly

B. Full Name (Last, First, Middle Initial)
Margaret Rogers

Mailing Address 12713 Westly Lane

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
870.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15739

Amount of Each Receipt this Period
15.00

Payroll deduction \$5.00
biweekly

C. Full Name (Last, First, Middle Initial)
Margaret Rogers

Mailing Address 12713 Westly Lane

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15850

Amount of Each Receipt this Period
10.00

Payroll deduction \$5.00
biweekly

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 37.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Charles Schara | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1150 Old Tolson Mill Road | | Transaction ID: SA11A1.15790 | |
| City State Zip Code McLean VA 22102 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$10.00 biweekly | | |
| Name of Employer Occupation GEICO VP | Aggregate Year-to-Date ▼ 240.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Charles Schara | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 1150 Old Tolson Mill Road | | Transaction ID: SA11A1.15901 | |
| City State Zip Code McLean VA 22102 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$10.00 biweekly | | |
| Name of Employer Occupation GEICO VP | Aggregate Year-to-Date ▼ 260.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. David Schindler | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 9605 Autumn Oaks Court | | Transaction ID: SA11A1.15792 | |
| City State Zip Code Rockville MD 20850 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$10.00 biweekly | | |
| Name of Employer Occupation GEICO VP | Aggregate Year-to-Date ▼ 1740.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 80.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
David Schindler

Mailing Address 9605 Autumn Oaks Court

City State Zip Code
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GEICO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15903

Amount of Each Receipt this Period
20.00

Payroll deduction \$10.00 biweekly

B. Full Name (Last, First, Middle Initial)
Louis Simpson

Mailing Address 800 North Michigan Ave, Unit 4501

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Plaza Investment Managers President - Capital operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15794

Amount of Each Receipt this Period
150.00

Payroll deduction \$50.00 biweekly

C. Full Name (Last, First, Middle Initial)
Louis Simpson

Mailing Address 800 North Michigan Ave, Unit 4501

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Plaza Investment Managers President - Capital operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.15905

Amount of Each Receipt this Period
100.00

Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jan Stewart | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 715 Dale Dr | | Transaction ID: SA11A1.15797 | |
| City State Zip Code Silver Spring MD 20910 | Amount of Each Receipt this Period 15.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$5.00 biweekly | | |
| Name of Employer Occupation GEICO Vice President | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 370.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Jan Stewart | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 715 Dale Dr | | Transaction ID: SA11A1.15908 | |
| City State Zip Code Silver Spring MD 20910 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$5.00 biweekly | | |
| Name of Employer Occupation GEICO Vice President | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 380.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Frank Tate | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 306 Hassellwood Drive | | Transaction ID: SA11A1.15751 | |
| City State Zip Code Cary NC 27511 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | Payroll deduction \$10.00 biweekly | | |
| Name of Employer Occupation GEICO Manager | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 55.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Frank Tate | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 306 Hassellwood Drive | | Transaction ID: SA11A1.15862 | |
| City State Zip Code Cary NC 27511 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Joseph Thomas | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1708 Dalwood Meadows | | Transaction ID: SA11A1.15752 | |
| City State Zip Code Virginia Beach VA 23455 | Amount of Each Receipt this Period 75.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$25.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2055.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Joseph Thomas | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 1708 Dalwood Meadows | | Transaction ID: SA11A1.15863 | |
| City State Zip Code Virginia Beach VA 23455 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$25.00 biweekly | |
| Name of Employer GEICO | Occupation AVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2105.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 145.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | |
|---|------------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Mary Wingert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 9321 Walking Horse Ct | | Transaction ID: SA11A1.15800 | |
| City Springfield | State VA | Zip Code 22153 | Amount of Each Receipt this Period 30.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | | | |
|---|------------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) Mary Wingert | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 | |
| Mailing Address 9321 Walking Horse Ct | | Transaction ID: SA11A1.15911 | |
| City Springfield | State VA | Zip Code 22153 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$10.00 biweekly | |
| Name of Employer GEICO | Occupation manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | | | |
|---|------------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Mary Zarcone | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 219 Westchester Drive | | Transaction ID: SA11A1.15728 | |
| City Macon | State GA | Zip Code 31210 | Amount of Each Receipt this Period 60.00 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction \$20.00 biweekly | |
| Name of Employer GEICO | Occupation VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 110.00 |
| TOTAL This Period (last page this line number only) | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 25 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mary Zarcone Mailing Address 219 Westchester Drive City Macon State GA Zip Code 31210 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: SA11A1.15839 Amount of Each Receipt this Period 40.00 Payroll deduction \$20.00 biweekly |
| Name of Employer GEICO Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) John Zinno Mailing Address 8582 Lakemont Drive City Clarence State NY Zip Code 14051 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.15693 Amount of Each Receipt this Period 30.00 Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) John Zinno Mailing Address 8582 Lakemont Drive City Clarence State NY Zip Code 14051 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: SA11A1.15804 Amount of Each Receipt this Period 20.00 Payroll deduction \$10.00 biweekly |
| Name of Employer GEICO Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 90.00 |
| TOTAL This Period (last page this line number only) | 2430.00 |